

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 0.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3555</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 004</u>
3. Name and address of person filing. Name <u>Quinten E Hausauer</u> P.O. Box, Bldg., Room No., if any Street <u>306 5th Avenue NW</u> City <u>Mandan</u> State <u>ND</u> ZIP Code + 4 <u>58554</u>	4. Name, file number, and address of labor organization. Name <u>Teamsters Local 123</u> Labor Organization File Number <u>030-368</u> P.O. Box, Building and Room Number, if any Street <u>1100 Basin Avenue</u> City <u>Bismarck</u> State <u>ND</u> ZIP Code + 4 <u>5 504</u>
5. Position in labor organization. <u>Business Agent / Recording Secretary</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests ;
(except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	
State ZIP Code + 4	
	7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Oliver Hummer

On

7-11-05
Date

701-223-6943

Telephone Number _____

Name of Person Filing Quinten E Hausauer	File Number U- 3555
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Zenith Administrators, Inc</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 7645 Metro Boulevard</p> <p>City Minneapolis</p> <p>State MN ZIP Code + 4 55439</p>	<p>9. Business deals with:</p> <p style="padding-left: 40px;">a. Labor Organization</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> b. Trust</p> <p style="padding-left: 40px;">c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name MN Teamsters Pension Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 7645 Metro Boulevard</p> <p>City Minneapolis</p> <p>State MN ZIP Code + 4 55439-3060</p>	<p>11.a. Nature of such dealing.</p> <p style="font-size: 1.2em;">Pension Fund</p>
	<p>11.b. Approximate dollar value of such dealing.</p>
	<p>12.a. Nature of interest held or income received.</p> <p style="font-size: 1.2em;">Reimbursement for travel expense checks issued to Teamsters Local 123</p>
	<p>12.b. Amount.</p> <p style="text-align: right; font-size: 1.2em;">626</p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p style="text-align: right; font-size: 1.5em;">○</p>

- (1) Quinten E Hausauer
- (2) NA
- (3) 12/31/04

Part B

- 8. Zenith Administrators, Inc
- 9. ☒ b. Trust
- 10. MN Teamsters Health & Welfare
 - 7645 Metro Boulevard
 - Minneapolis
 - MN 55439-3060
- 11.a. Health & Welfare Fund
- 12.a. Reimbursement for travel expense.
 - Checks issued directly to Teamsters Local 123
- 12.b. 626